Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

Please use the chat feature for questions or raise your hand.

Thank you.

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

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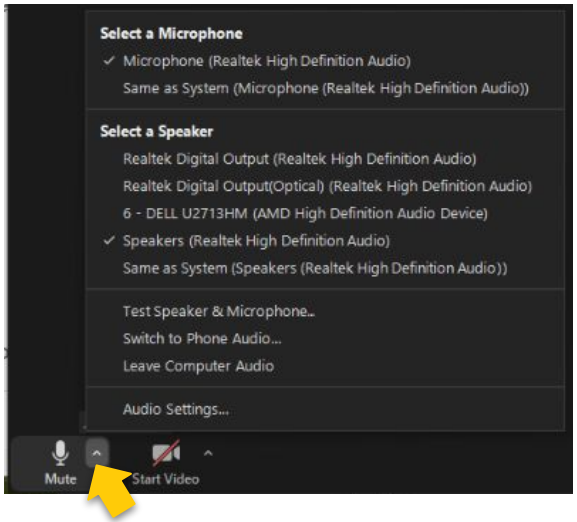
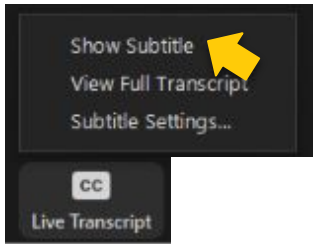
Navigating your bar on the bottom...

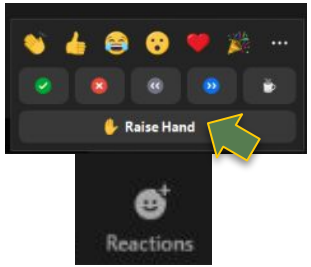
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat

KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Silent Invocation

AHCCCS
Arizona Health Care Cost Containment System







Quarterly Tribal Consultation Meeting

November 07, 2022

AHCCCS
Arizona Health Care Cost Containment System

Agenda

AHCCCS Updates/Discussion: Dr. Sara Salek
1115 Waiver and SPA Updates/Discussion: Shreya Arakere and Ruben Soliz
DFSM Updates: Melina Solomon, Peri Smith, Lisa Sherrill
AHCCCS Provider Enrollment Update: Patricia Santa Cruz
KidsCare Premium Findings and OCARE Customer Satisfaction: Lori Boyd-Draper
9-8-8 Implementation and Crisis Policy Update: Paloma Kwiedacz
DHCM Updates: Legislative Changes, MCO Accreditation, Secure BHRF RFP
AHCCCS Policy Discussions: Danielle Ashlock and Brandi Howard





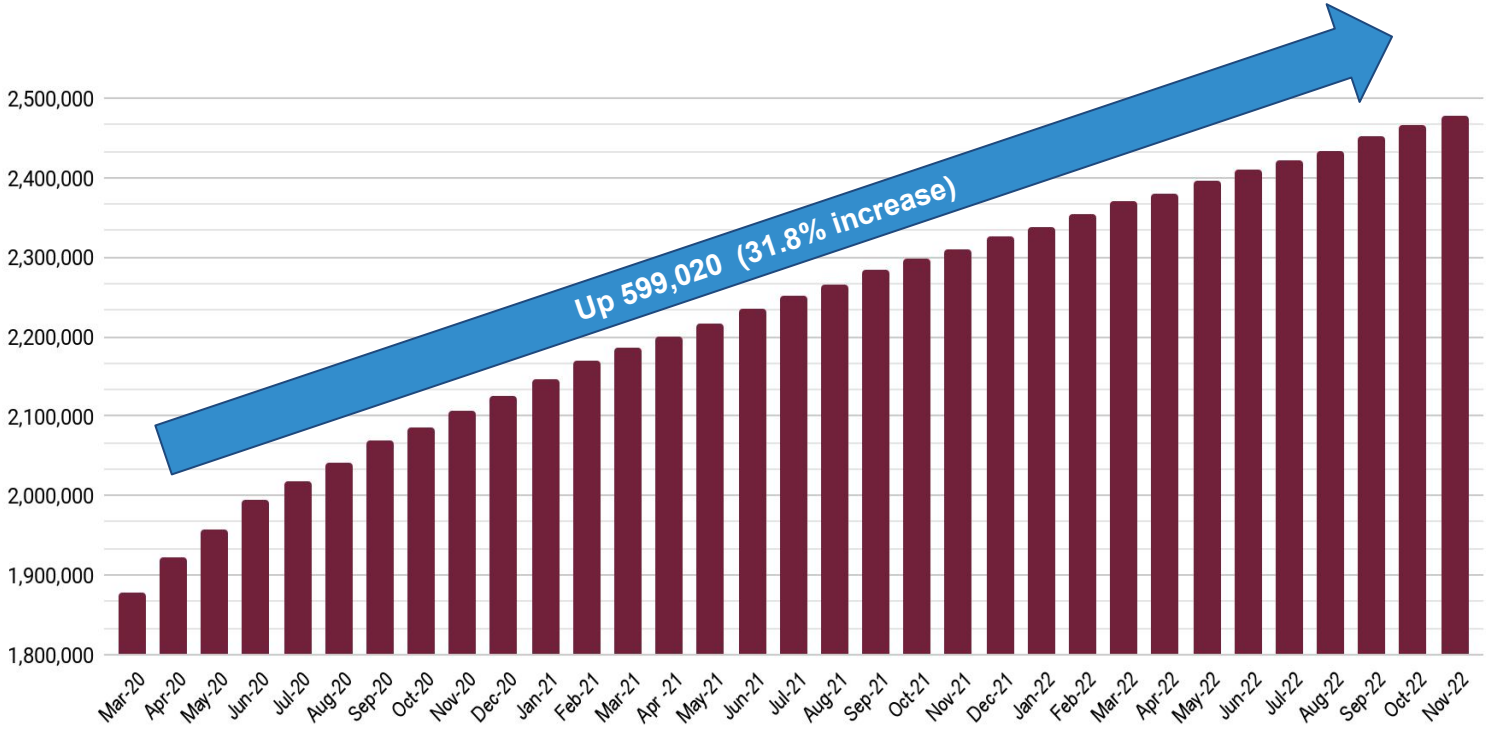


AHCCCS Updates

Sara Salek, Chief Medical Officer

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Enrollment: March 2020- November 2022



Public Health Emergency (PHE) Renewed - Effective Oct 13, 2022

1/31/23
Expiration of the Maintenance of Effort Requirement/ Initiation of Processing Redeterminations

Continuous Enrollment

6.2% FMAP

PHE

1/21/21
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

4/21/21
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

6/20/21
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

10/18/21
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

1/16/22
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

4/16/22
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

7/16/22
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

10/13/22
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

1/11/23
PHE ends

3/31/23
Expiration of the Enhanced Federal Match

*AHCCCS has not yet received indication from CMS on whether the federally declared PHE will extend beyond 1/11/2023.
**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE (by November 12, 2022).



Office of the Auditor General

Sunset Review

AHCCCS
Arizona Health Care Cost Containment System

Office of the Auditor General

Sunset Review

- Sunset review process prescribed by §A.R.S. 41-2951
- Typically conducted every 10 years
- Last sunset review of AHCCCS occurred in 2012
- 2022 sunset review resulted in 1 finding and 22 recommendations
  - 55% of the recommendations are already in progress

AHCCCS has met or is taking steps to meet its statutory objective and purpose in some areas we reviewed by contracting with health plans and directly reimbursing some providers to provide both physical and behavioral health services to more than 2.4 million members throughout the State and requiring its contracted health plans to meet established provider network adequacy standards and address identified service gaps.

Office of the Auditor General

Sunset Review - Report Highlights

- **AHCCCS has taken more than one year to investigate more than half of potential fraud or abuse incidents that were open as of May 2022.**
  - **Recommendation:** Conduct a workload analysis to determine sufficiency of funding and staffing levels.
    - **Agency response:** AHCCCS will conduct the recommended analysis.
- **AHCCCS has not correctly made some eligibility determinations.**
  - **Recommendation:** Develop a risk-based approach to sample and review denied eligibility determinations and disenrollment decisions.
    - **Agency response:** AHCCCS piloted a process to review negative eligibility determinations beginning in January 2022 and is hiring additional staff to complete these reviews on an ongoing basis.

Office of the Auditor General

Sunset Review - Report Highlights

- **AHCCCS has not reviewed contracted health plans once every three years as required and does not have a formal process for ensuring its health plans verified performance prior to reimbursing them for incentive payments made to providers.**
  - **Recommendation:** Review contracted health plans every three years as required and establish processes for ensuring health plans verify provider performance prior to disbursing incentive payments.
    - **Agency response**
      - AHCCCS will review its contracted health plans every 3 years as required.
      - AHCCCS performs risk-based audits of each contracted health plan's providers receiving payments. No later than January 2023, AHCCCS will develop and implement standard work, documenting the process for verifying provider performance on performance measures prior to reimbursing its contracted health plans for provider incentive payments.

Office of the Auditor General

Sunset Review - Report Highlights

- **AHCCCS lacks formal processes for ensuring that findings and recommendations resulting from three separate reviews of behavioral health services provided to members with an SMI are addressed.**
  - **Recommendation:** Establish processes for ensuring providers address findings.
    - **Agency Response:** No later than December 2022, AHCCCS will finalize and implement policies and procedures for overseeing its contracted health plans' process for ensuring provider adherence to the terms and requirements contained in the Arnold v. Sarn settlement.
- **AHCCCS has not established some formal processes for overseeing the Housing Program and its Administrator.**
  - **Recommendation:** Establish processes for overseeing the Housing Program and Administrator.
    - **Agency response:** In October 2022, AHCCCS will finalize and implement policies and procedures for monitoring the Housing Administrator's performance against established benchmarks, including the utilization of a quarterly report to document performance.

Office of the Auditor General

Performance Audit - Review of Selected Behavioral Health Services

- **AHCCCS did not ensure all peer specialists met qualification requirements, and some of these and other peer specialists were not supervised, potentially jeopardizing the quality of peer support services provided to members.**
  - **Recommendation:** AHCCCS should ensure that peer specialists meet qualification requirements and are supervised as required by developing and implementing monitoring processes, such as assessing compliance with these requirements during its 3-year reviews of contracted health plans.
    - **Agency Response:** MCO operational reviews will include standards to ensure the review of network providers' policy compliance with employment and supervision expectations. By November 2022, AHCCCS will issue a written memo to MCOs about the requirement that providers maintain their own policies detailing qualifications and supervision requirements.

On the Horizon

- **October 2022 Go Live**
  - Launch of ACC/RBHAs and statewide crisis line
  - Transition of American Indian/Alaska Native members designated with a SMI to integrated options
- **1115 waiver implementation**
- **Unwinding from the Public Health Emergency (PHE expected to end in mid January 2023)**
- **American Rescue Plan Act Section 9817 HCBS Funding Plan implementation**
  - **Second HCBS provider directed payment scheduled for spring 2023**
- **Medicaid Enterprise System Roadmap (finalized by December 2022)**
- **Initial preparations for ALTCS bid (contracts term on 9/30/24)**

Open Discussion

Division of Community Advocacy and Intergovernmental Relations (DCAIR)







Waiver Update

Shreya Arakere, AHCCCS Waiver Manager

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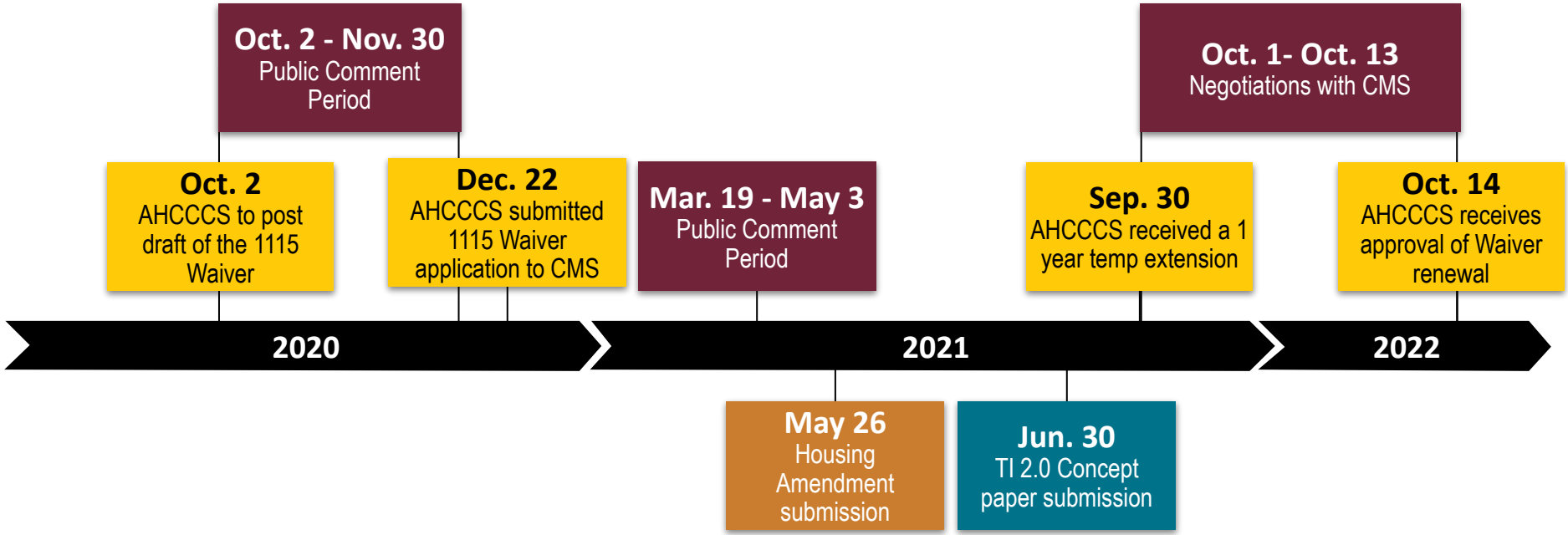
Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program.
- Demonstration projects are typically approved for a five year period and can be renewed every five years.
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

Arizona's 1115 Waiver Renewal Timeline



1115 Waiver Renewal Approval

- On Oct.14, 2022 CMS approved Arizona's request for a five-year extension of its 1115 Waiver
  - October 14, 2022 through Sept. 30, 2027
- Continues:
  - Retroactive Eligibility
  - HCBS
  - Managed Care
    - ACC
    - ALTCS
    - CHP
    - ACC-RBHA

1115 Waiver Renewal Approval- Dental for AI/AN Adults

- Authorizes payment for medically necessary diagnostic, therapeutic, and preventative dental services for American Indian/Alaskan Native (AI/AN) beneficiaries at Indian Health Services (IHS) or tribally operated 638 facility.
- Reimbursement for services that are eligible for 100% FMAP beyond the current $1,000 emergency dental limit and the $1,000 dental limit for ALTCS beneficiaries age 21 or older when provided by IHS or Tribal 638 facilities.

1115 Waiver Renewal Approval - Targeted Investments 2.0

- Provider types eligible for participation:
  - Primary Care: PCP clinics, ICs
  - Behavioral Health: 77s, ICs
  - Justice Clinics: ICs, FQHCs, RHCs
- TI incentives based on developing required processes and meeting performance measure targets.
- To participate, provider organizations will need to meet certain requirements.
- Example TI 2.0 Initiatives:
  - Screening and referring members to community services (CLRS)
  - Developing cultural competency training and protocols (CLAS)

1115 Waiver Renewal Approval- Housing and Health Opportunities (H2O)

Infrastructure

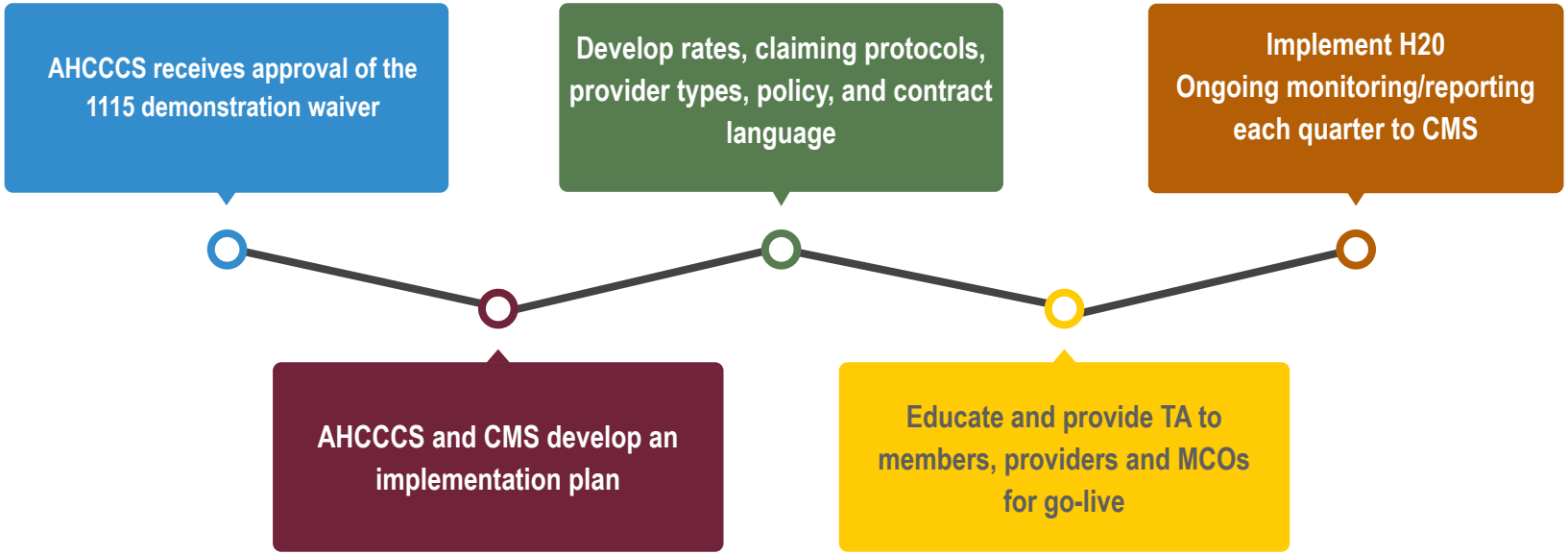
- Technology
  - Electronic referral systems
  - Screening tool and/or systems
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening

1115 Waiver Renewal Approval- Housing and Health Opportunities (H2O)

Services

- Temporary housing for up to 6 months:
  - For members transitioning out of institutional or congregate settings, individuals who are homeless, individuals transitioning out of an emergency shelter, individuals transitioning out of foster care.
- Housing transition navigation
- Medically necessary home accessibility modifications and remediation services
- Outreach

Waiver Implementation - H20



**Deliverables are ongoing throughout the entire demonstration period.

Requests Subject to Continued Negotiation

- Traditional Healing services
- Pre-release services for individuals in federal, state, local and tribal correctional facilities

1115 Waiver Renewal Approval Resources

The Waiver approval is effective October 14, 2022 through Sept. 30, 2027.

All documents, including the original and amended waiver applications and the approval letter from CMS, are posted on the AHCCCS 1115 Waiver web page.

TI 2.0 Resources

Visit the Targeted Investments webpage:
www.azahcccs.gov/TargetedInvestments

Sign up for the Targeted Investments Newsletter:

Subscribe to TI News

Email the Targeted Investments Team Inbox:
Targeted.Investments@AZAHCCCS.gov

Open Discussion







State Plan Amendments

Ruben Soliz, AHCCCS State Plan Manager

AHCCCS
Arizona Health Care Cost Containment System

Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

SPA Updates

Recent Approval

Mobile Crisis Services -

Adds mobile crisis services to the state plan. This SPA does not include new requirements for mobile crisis services but describes the established system.

SPA Updates

Recent Submissions

- *Medicaid/CHIP Postpartum Coverage Extension* -
  Expands the coverage period of postpartum coverage from 60-days to 12-months.
- *CHIP Continuous Eligibility* -
  Allows a CHIP member to remain eligible for benefits for a 12-month period, unless the member exceeds the age of eligibility during those 12-month period.

SPA Updates

Recent Submissions

- *Chiropractic Benefit -*
  Adds medically necessary chiropractic services as a benefit. Such services must be ordered by a primary care physician under specified circumstances.
- *Diabetes Self-Management -*
  Expands AHCCCS covered services to include up to 10 hours of outpatient diabetes self-management education for members with a diabetes diagnosis, under specified circumstances.

SPA Updates

Upcoming Submissions

- *Community Health Worker Services* -
  Adds CHW patient education and preventive services to the state plan.
- *DUR Program* -
  Describes the state's compliance with the federal requirements for a drug use review (DUR) program for outpatient drug claims.

SPA Updates

Upcoming Submissions

- *Temporary Suspension of Premiums (Medicaid and CHIP)* - Temporarily suspends premiums, under Medicaid and CHIP, until March 31, 2023.

Public Comment Process

Public Comments or Written Testimony may be submitted to AHCCCS via:

Email: publicinput@azahcccs.gov

Postal Mail

AHCCCS
Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Open Discussion

Division of Fee for Service Management (DFSM)







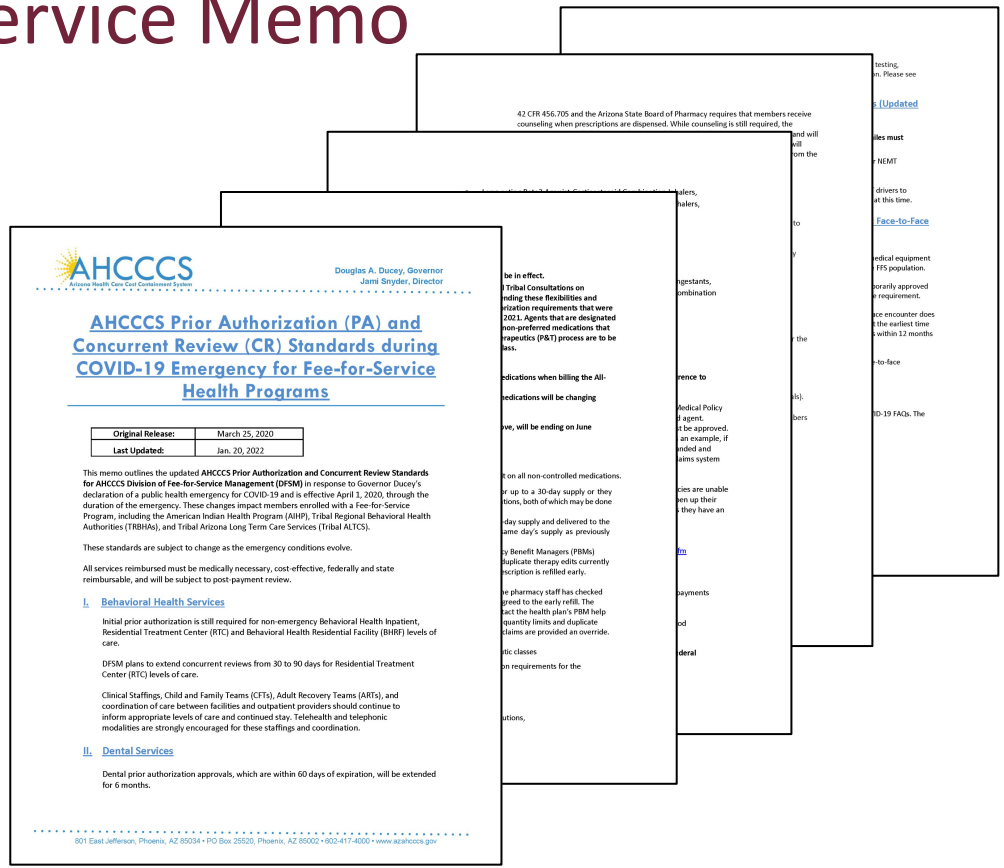
DFSM Updates

Melina Solomon, DFSM Clinical Administrator

AHCCCS
Arizona Health Care Cost Containment System

Fee for Service Memo

Review the Memo on our website!



AHCCCS
Arizona Health Care Cost Containment System

Douglas A. Ducey, Governor
Jami Snyder, Director

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs

Original Release:	March 25, 2020
Last Updated:	Jan. 20, 2022

This memo outlines the updated **AHCCCS Prior Authorization and Concurrent Review Standards for AHCCCS Division of Fee-for-Service Management (DFSM)** in response to Governor Ducey's declaration of a public health emergency for COVID-19 and is effective April 1, 2020, through the duration of the emergency. These changes impact members enrolled with a Fee-for-Service Program, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (Tribal ALTCS).

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

I. Behavioral Health Services

Initial prior authorization is still required for non-emergency Behavioral Health Inpatient, Residential Treatment Center (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.

DFSM plans to extend concurrent reviews from 30 to 90 days for Residential Treatment Center (RTC) levels of care.

Clinical Staffings, Child and Family Teams (CFTs), Adult Recovery Teams (ARTs), and coordination of care between facilities and outpatient providers should continue to inform appropriate levels of care and continued stay. Telehealth and telephonic modalities are strongly encouraged for these staffings and coordination.

II. Dental Services

Dental prior authorization approvals, which are within 60 days of expiration, will be extended for 6 months.

801 East Jefferson, Phoenix, AZ 85034 • PO Box 25520, Phoenix, AZ 85002 • 602-417-4000 • www.azahcccs.gov

Fee for Service COVID Unwinding Update

Changes Effective October 1, 2022

Authorization Requirements

- Acute Hospitals
- Acute Rehab and Long Term Acute Care (LTAC) facilities
- Nursing Facilities (NF)
- Assisted Living Facilities (ALF)

BH Continued Stay Review Frequency

- Behavioral Health Residential Treatment Center (RTC) continued stay review frequency every 30 days.

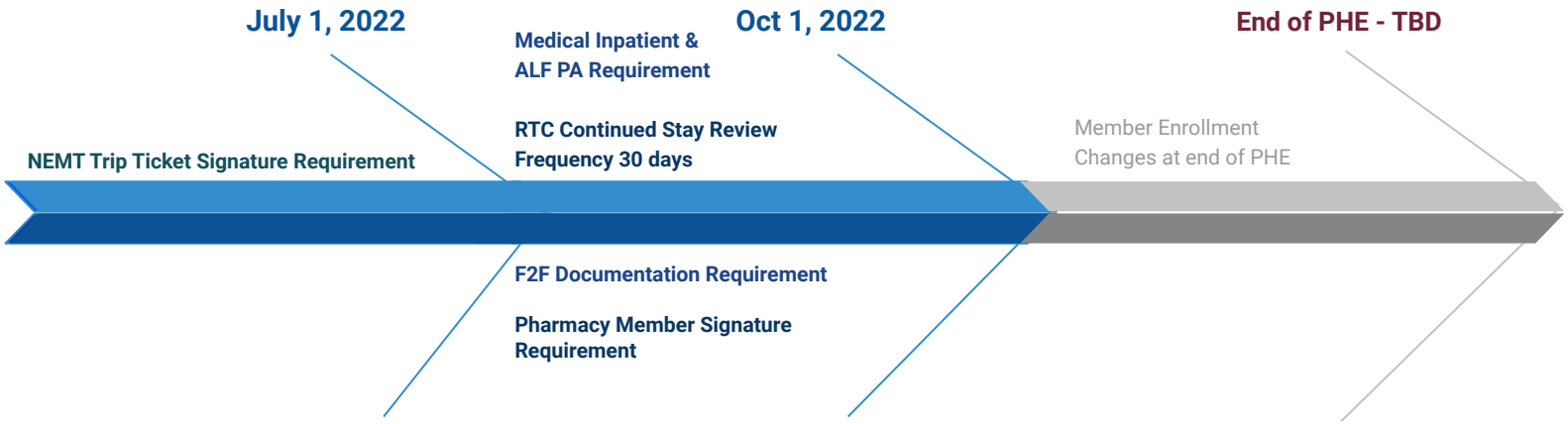
CMS Face to Face Requirement Reinstated

- CMS requirements for completion of face-to-face encounters prior to the initiation of orders for home health services and durable medical equipment.

Pharmacy

- Member Signature Requirement.

Fee for Service 2022 COVID Unwinding Timeline



SMI Integration

Effective October 1, 2022

DFSM Goal:

- Improved Outcomes for approximately 500 members
  - Service continuity
  - Maintain or increase utilization of high quality healthcare services

SMI Integration-Continued

Strategies:

- Identify high-risk members
- Provider outreach
- Provider education
- Differential Adjusted Payment (DAP)

Questions?







DFSM Provider Training Updates

Peri Smith, DFSM Education Manager

AHCCCS
Arizona Health Care Cost Containment System

DFSM Provider Training

Our goal is to help providers understand billing policy and successful claim submission.

- The provider training team offers eLearning and video training presentations on specified topics which is a self-paced format that allows providers to access trainings. We encourage the attendance of billing staff and agencies, practitioners, etc to attend.
- DFSM Provider Training web page
- Listed on this page are the current trainings offered for all FFS providers.
- To register for a session, click on the "Zoom Registration Link" button.
- For additional training videos, providers can visit the AHCCCS Medicaid YouTube Channel. The provider training schedules are posted quarterly and registration is required to attend.

DFSM Provider Training Updates

Upcoming IHS/638 Tribal Provider Billing Forums

- November 9, 2022 2:00 - 3:30 p.m.

Email: Providertrainingffs@azahcccs.gov

Open Discussion







IHS/638 Tribal Dental Benefit Update

Lisa Sherrill, DFSM Claims Administrator

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Changes to $1,000 Dental Limit

- Effective 10/14/2022
- Applies to:
  - Medically necessary diagnostic, therapeutic, and preventative dental services
  - Beneficiaries who are American Indian or Alaska Native (AI/AN)
- Services must be received at participating IHS facilities and/or Tribal 638 facilities.
- The $1,000 limit on emergency services and the $1,000 dental limit for ALTCS beneficiaries age 21 or older still applies when performed outside of the IHS/638 Tribal facilities

Open Discussion

Division of Member and Provider Services (DMPS)

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Arizona Health Care Cost Containment System







AHCCCS Provider Enrollment Update

Patricia Santa Cruz, DMPS Provider Enrollment Administrator

Rikki Robles, DMPS Benefits & Eligibility Manager

AHCCCS
Arizona Health Care Cost Containment System

Provider Processing Update

- New enrollments processed in 30 days or less - 100%
- Revalidations & Modifications processed in 30 days or less - 99%
- Service ticket process average - 15 days

Provider Maintenance

DMPS is terminating providers for failure to take an action. Provider maintenance plays an important role.

How to prevent a provider termination:

- Comply to requests to update a required license/certificate.
- Comply to a Revalidation request to submit an application.
- Report address updates Correspondence, Pay-to, & Service.
- Report if the provider no longer wants to participate.
- Subscribe the E-News for latest updates.

Site Visits

As part of the screening process, DMPS conducts a provider site visit per 42 CFR §455.432. Site visits include entering the facility, speaking with staff, & collecting information to confirm compliance.

- All IHS/638 facilities will receive a scheduled visit. No unannounced visits will be conducted.
- If a site visit is unable to be scheduled, the application will be returned with documented next steps.
- Ensuring staff are aware of the site visit process can help DMPS schedule the visits, follow tribal protocol, and prevent disenrollments.

Resources

Provider Registration Questions

Email: APEPtrainingQuestions@azahcccs.gov

Call: Provider Assistance 602-417-7670 option 5

APEP Resources

azahcccs.gov/APEP







KidsCare Premium Payment Findings and OCARE Customer Satisfaction

Lori Boyd-Draper
DMPS Deputy Assistant Director of Program Support

AHCCCS
Arizona Health Care Cost Containment System

KidsCare Premium Payments- Sunset Audit Update

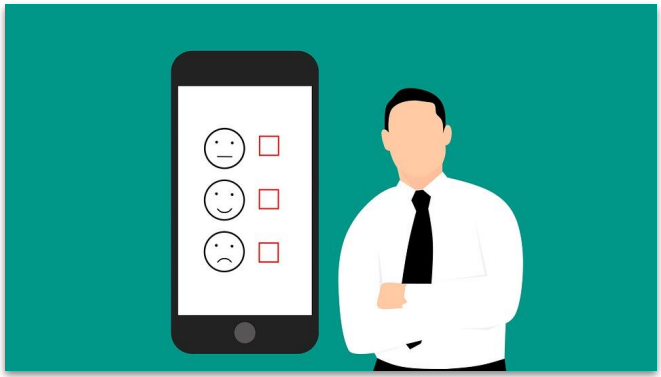
Premium reimbursements:

- Four families had paid some premiums before disenrollment for non-payment. These reimbursements occurred on 9/6/22.
- Three additional families were erroneously charged a premium and received a reimbursement on 8/26/22.
- By 10/7/22, all letters were sent to families erroneously disenrolled for non-payment of premiums offering them the opportunity to reapply or report unpaid bills.

Call Center Customer Satisfaction Survey

On October 3, we launched a survey to measure customer satisfaction and first call resolution.

The short, four question survey, is optional, recorded in both English and Spanish, and is presented to the customer at the end of their call. The caller will indicate a satisfaction level of 1-4, 4 being the best customer experience.



Call Center Customer Satisfaction Survey

The four survey questions are:

1. How would you rate your overall call experience?
   a. If the caller answers with a 4, the survey ends. If the caller answers 3, 2 or 1 to the first question, there are three additional questions:
2. How satisfied are you that your issue/question was answered?
3. Again, keeping in mind that a rating of 1 means you are Very dissatisfied, 2 Dissatisfied, 3 Satisfied, and 4 Very satisfied, how satisfied are you that you were treated respectfully?
4. How satisfied are you that your needs were understood by the representative?

Call Center Customer Satisfaction Survey Results

Between 10/3/22 and 10/20/22:

2713 customers have taken the survey:

- 88% have rated their experience as “Very Satisfied”
- 7% have rated their experience as “Satisfied”

Call Center Service Hours Change

We are planning to change the call center hours for Provider Claims, Provider Prior Authorization and Provider Assistance.

New hours: 7:30 a.m. - 5:00 p.m.

Open Discussion

We will resume at
2:53 PM MST

Division of Grants Administration





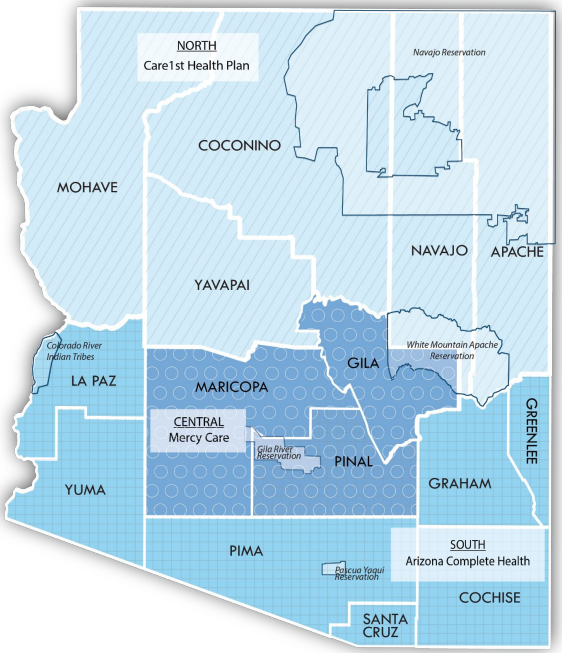


AZ Crisis System Updates and 9-8-8 Implementation Progress

Paloma Kwiedacz, AHCCCS/DGA Crisis Coordinator

AHCCCS
Arizona Health Care Cost Containment System

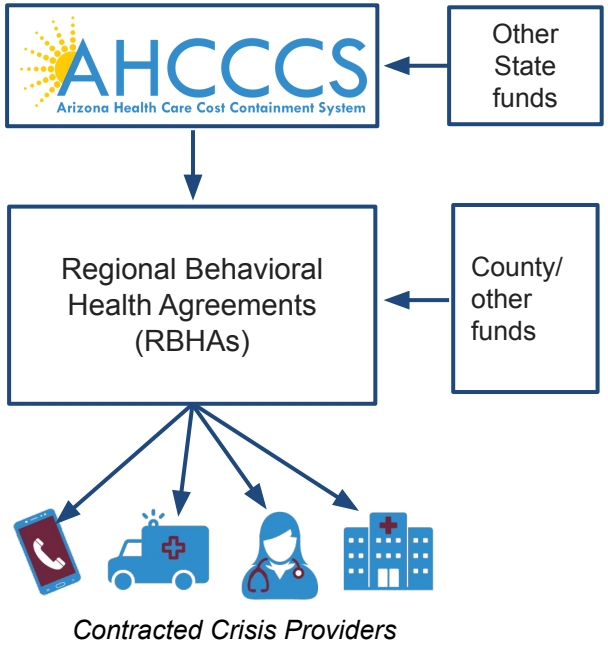
AHCCCS Crisis System Responsibility



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

ACC-Regional Behavioral Health Agreements (ACC-RBHAs):

- **North** (Care1st)
- **Central** (Mercy Care)
- **South** (Arizona Complete Health)



Arizona Crisis Hotlines

Local Suicide and Crisis Hotlines by County

Phone

STATEWIDE: **Call: 1-844-534-HOPE (4673) or Text: 4HOPE (44673)**

Maricopa, Pinal, Gila Counties served by Mercy Care: **1-800-631-1314** or **602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st: **1-877-756-4090**

Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Life Line phone or text: **602-248-TEEN (8336)**

988 & AZ Local Crisis Lines

- *988 calls are currently routed based on the area code of the caller's phone (not their physical location)*
- *988 is great for people who prefer texting but could be problematic for people who need local resources like mobile crisis or appt scheduling*
- *The FCC is working on a geolocation fix hopefully in 2023*
- *988 marketing in AZ to begin Jan 2023*

The new 988 Suicide & Crisis Lifeline is available 24/7 across the US via phone, text, and chat (988lifeline.org) and will connect you to a trained crisis counselor.

However, you may not get a local 988 center that can connect to local resources like mobile crisis, especially if you're calling from a cell phone with a non-Arizona area code. For now, we recommend calling your local crisis line directly if you need local resources.

988 SUICIDE & CRISIS LIFELINE

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Central	North	South
Mercy Care	Care 1st	AzCH

844-534-HOPE (4673)/Text 4HOPE *<< Single statewide crisis line*

602-222-9444 | 877-756-4090 | 520-622-6000 *<< Old numbers still work*

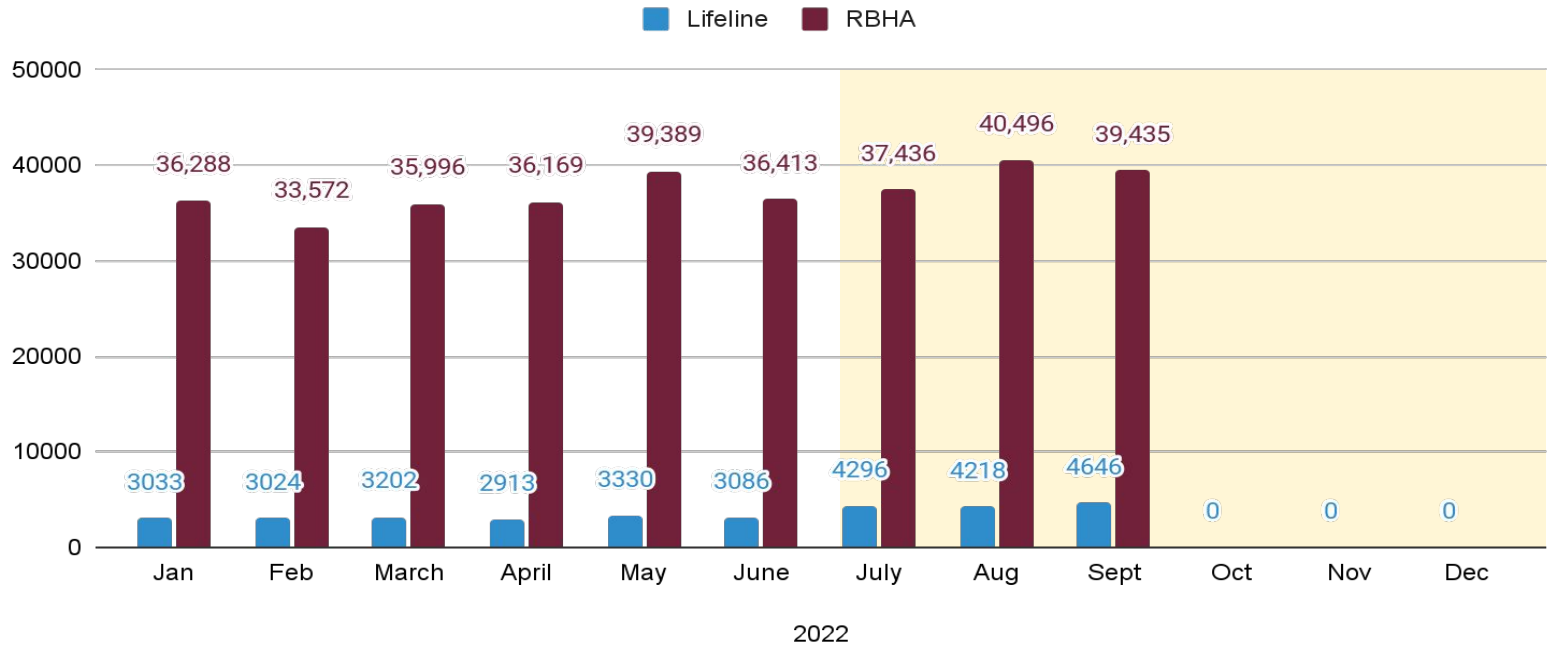
LA FRONTERA ARIZONA
EMPACT – SUICIDE PREVENTION CENTER

Solari
CRISIS & HUMAN SERVICES

<< Solari coordinates mobile crisis and other local crisis resources across all of AZ

Coordination of care protocols between Solari and LaFrontera

2022 Lifeline Center Calls vs. RBHA Call Center Calls



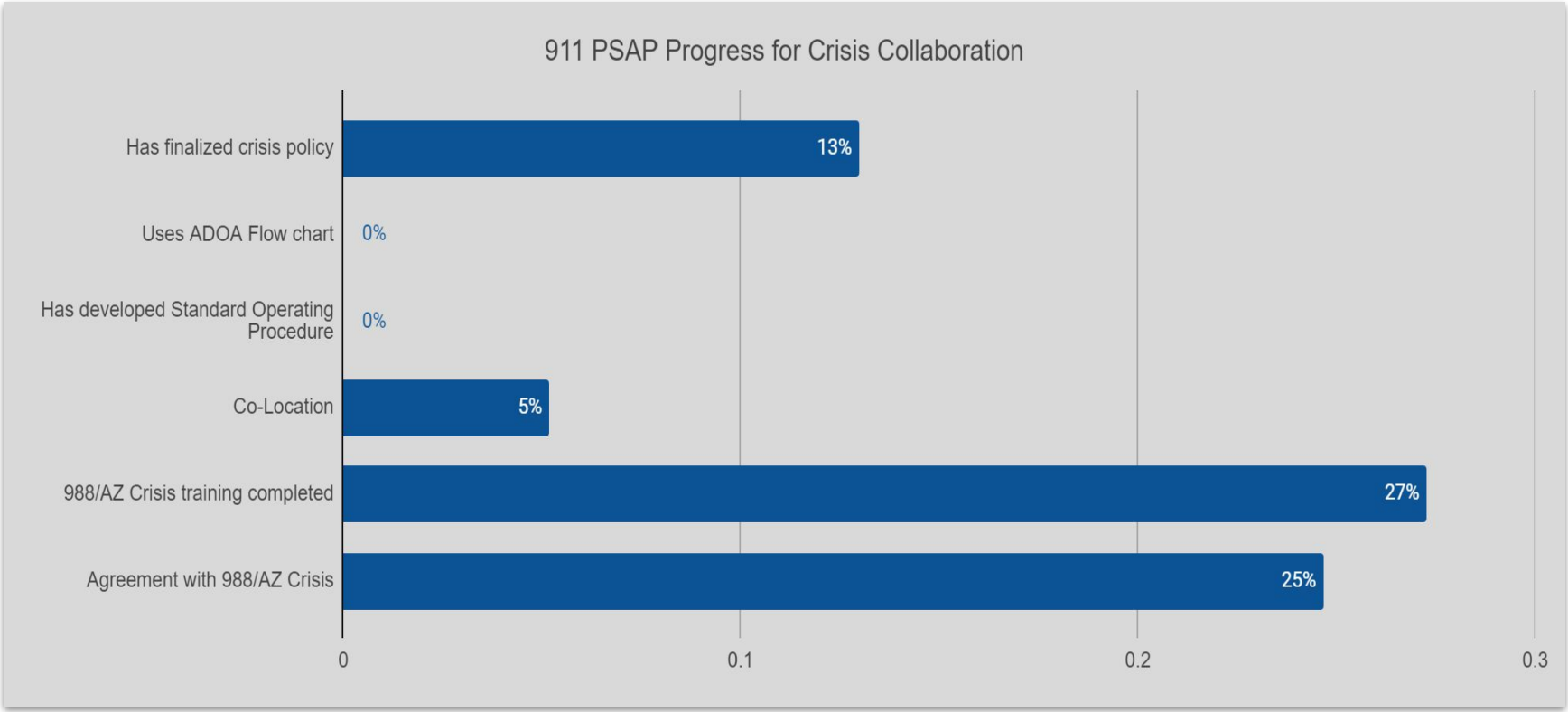
What callers can expect when dialing 988

- Callers will be connected to an Interactive Voice Response (IVR) answering service that will provide options for transferring to the VA line, a Spanish line, and an LGBTQ+ specialized line.
- If the caller does not select one of these options (greeting takes roughly 45-60 seconds) the call will be **routed to a Lifeline call center designated to respond to the callers area code.**
  a. This means that if an AZ resident has an out of state area code the call will be transferred to the state associated with the area code and not an AZ center.
- Upon transfer, the caller will be connected to a trained crisis counselor.

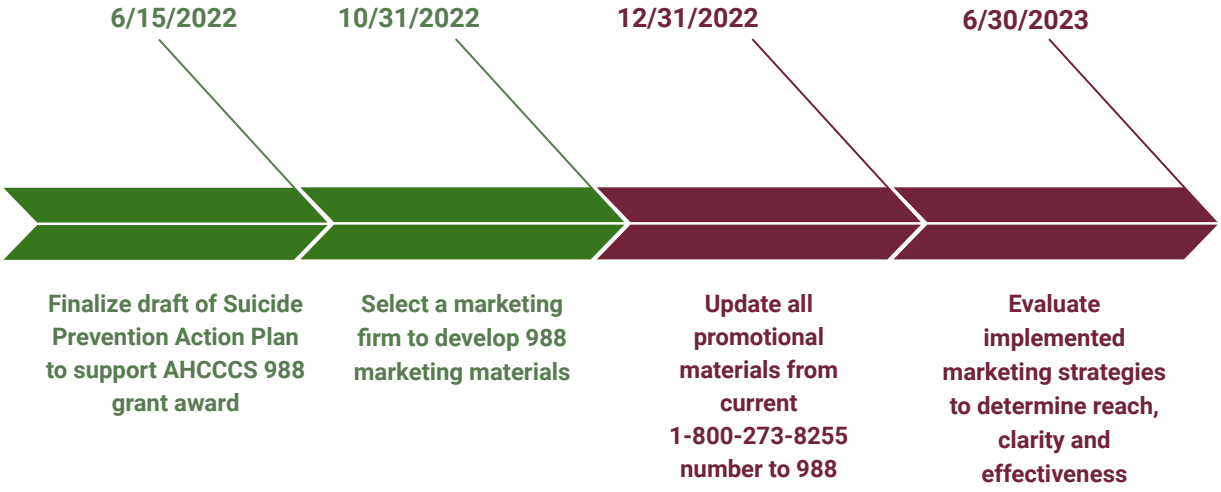
988 and 911 in AZ

- 988 and 911 call centers have been working with our RBHAs for several years to develop partnerships and protocols.
- ADOA 911 Administration has developed Policy Templates and tools for Public Safety Answering Points (PSAPs).
- Arizona has 81 PSAPs located throughout the State. Each PSAP is responsible for developing and following policies and protocols.
- Connection to 988 (and our local crisis system) is a fourth tool for 911 dispatchers and protocols need to be established to promote consistency in triage and coordination with each PSAP.
- AHCCCS and ADOA have partnered on developing a PSAP tracker to monitor the progress of policy development and 988 collaboration.
- The 988 Advisory Committee will continue to monitor the collaboration progress of PSAPs and our crisis call centers.

988 and 911


911 PSAP Progress for Crisis Collaboration
Has finalized crisis policy
13%
Uses ADOA Flow chart
0%
Has developed Standard Operating Procedure
0%
Co-Location
5%
988/AZ Crisis training completed
27%
Agreement with 988/AZ Crisis
25%
0
0.1
0.2
0.3

988 ADHS Advertising Timeline



Open Discussion

Division of Health Care Management (DHCM)

AHCCCS
Arizona Health Care Cost Containment System







Legislative Change: HB2161

Nicole Fries

Kathy Greene


AHCCCS
Arizona Health Care Cost Containment System

House Bill 2161

- Amends A.R.S § 1-602 Parental Bill of Rights imposing a broad, explicit affirmative requirement for “health care entities” to provide “equivalent” access to any electronic and any health care delivery platform to a parent throughout a child’s minority-as part of a parent's bill of rights. A parent may raise a violation of this chapter as a claim or defense.
- Amends A.R.S § 15-102 Parental Involvement in School to include the right to access all written and electronic records of a school district or school district employee concerning the parent’s child pursuant to A.R.S § 15-143. This is limited to those records held by the school.

House Bill 2161

- These changes apply to state school districts and charter schools governed by the Arizona Department of Education, and the parental right of action can be brought against the State and its political subdivisions.
- However, as health care entities, tribal and IHS facilities might see this language when parents are requesting health care records.
- Nothing in this appears to change whether a parent is entitled to their child's health records or not, therefore this is just notice for tribal facilities.

Existing Exceptions to HB 2161 in Federal Law

According to HIPAA, the parent does not necessarily have the right to access the minor's health information if the teen can legally consent to the health care or the parent has assented to an agreement of confidentiality. Under these circumstances, who may have access to the adolescent's health records depends on state or other applicable law.

The Title X program makes free or low-cost family planning services available to adolescents in every state. Federal Title X law allows adolescents to obtain these services on their own consent and protects the confidentiality of their personal information.

Existing Exceptions to HB 2161 In State Law

Existing exceptions to HB 2161 under state law include when the minor does not need parental consent for treatment or care. Some examples:

- The minor is emancipated, married, or homeless and can consent to their treatment (A.R.S.§ 44-132);
- The care relates to sexually transmitted diseases (A.R.S.§ 44-132.01);
- The care relates to rape or sexual assault and the minor is 12 years of age or older (A.R.S. § 13-1413);
- The care relates to alcoholism (A.R.S. § 36-2024);
- The care relates to substance abuse and the minor is 12 years of age or older; (A.R.S. § 44-133.01) or
- The care relates to HIV testing (A.R.S. § 36-663).

Open Discussion







National Committee for Quality Assurance (NCQA) Health Plan Accreditation

Jakenna Lebsock, Assistant Director
Division of Health Care Management (DHCM)

AHCCCS
Arizona Health Care Cost Containment System

What Is NCQA Accreditation?

- NCQA Health Plan **Accreditation** is a widely recognized (CMS/Medicaid/Medicare/Commercial), evidence-based program dedicated to quality improvement and measurement.
- NCQA provides an independent third-party assessment of MCO compliance.
- NCQA utilizes a ***Standards*** framework and ***survey*** process to evaluate performance and consumer experience to highlight top performers, drive improvement, & improve quality.
- NCQA provides nationally normalized standards for MCO operations.
    - Topics include (but not limited to) - Quality Improvement, Network, Utilization Management, Credentialing, Member Experience, Care Coordination, Case Management, Initial Screening, Privacy/Confidentiality, Communication, Grievances
- NCQA can significantly reduce administrative burden of compliance assurances.

Accreditation Requirements

- For *Health Plan* Accreditation and the *Medicaid* Module:
  - MCOs are required to be Accredited by October 1, 2023
  - All health plans have scheduled NCQA Accreditation Survey reviews
- For *Case Management/Long-Term Services and Supports (LTSS)* Accreditation :
  - MCOs are required to be Accredited by October 1, 2024
- NCQA accreditation renewal occurs every three years

Opportunity to Align Standards and Reduce Duplication

- AHCCCS is analyzing its standards against NCQA requirements to minimize duplication, including:
  - OR Compliance Standards
  - Clinical and Operational Policies
  - MCO Contracts
  - MCO Deliverables
- AHCCCS will resume items identified under nonduplication, if necessary, to ensure MCO compliance

Accreditation - Next Steps

- Continue analysis of Standards (e.g., LTSS)
- Continue to collaborate with MCOs to streamline efforts
- Determine cadence & process for ongoing review of NCQA Standards
- Update AHCCCS Quality Strategy
- Update MCO Contracts with provisions regarding nonduplication efforts

Contact Information

Jakenna Lebsock, DHCM Assistant Director

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Open Discussion



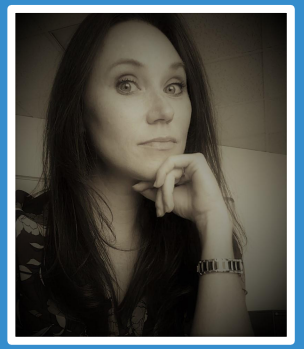




Legislative Change: HB2863

Secure BHRF RFP

Dr. Megan Woods, Integrated Care Administrator



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Upcoming Changes to PSRB

- The Psychiatric Security Review Board (PSRB) has historically overseen the conditional release of individuals who have committed a crime, but were found Guilty Except Insane (GEI).
- These individuals are ordered to be treated at the Arizona State Hospital (ASH), though may become eligible for conditional release based upon finding of no longer dangerous due to a mental disease or defect.

Upcoming Changes to PSRB

- Due to legislative changes in SB 1839S, as of January 1,2023 the Superior Court is vested with the powers and duties formerly held by the PSRB.
  - Responsibility for individuals on community release will fall to joint oversight of outpatient clinic, health plans and superior court, and probation (if applicable).

Upcoming Changes to PSRB

- New Policy and contract language forthcoming, becoming effective 1/1/ 2023.
  - Potential impact to FFS providers/members: Reporting requirements of outpatient providers will remain consistent with current practice, with oversight by AHCCCS.
  - Outpatient provider is responsible for the oversight of the member's compliance with their conditional release plan, and reporting to AHCCCS monthly.

Secure Behavioral Health Facilities

- New legislation passed for the construction of five S-BHRF facilities:
  - Three in the Central Region
  - One in the Northern Region
  - One in the Southern Region
- AHCCCS will be posting RFP this fall, upon legal analysis and ensuring compliance with previous legislation.
- Expected to become operational by January 2024.

Open Discussion

AHCCCS Policy Updates







AMPM Policy 1620-14

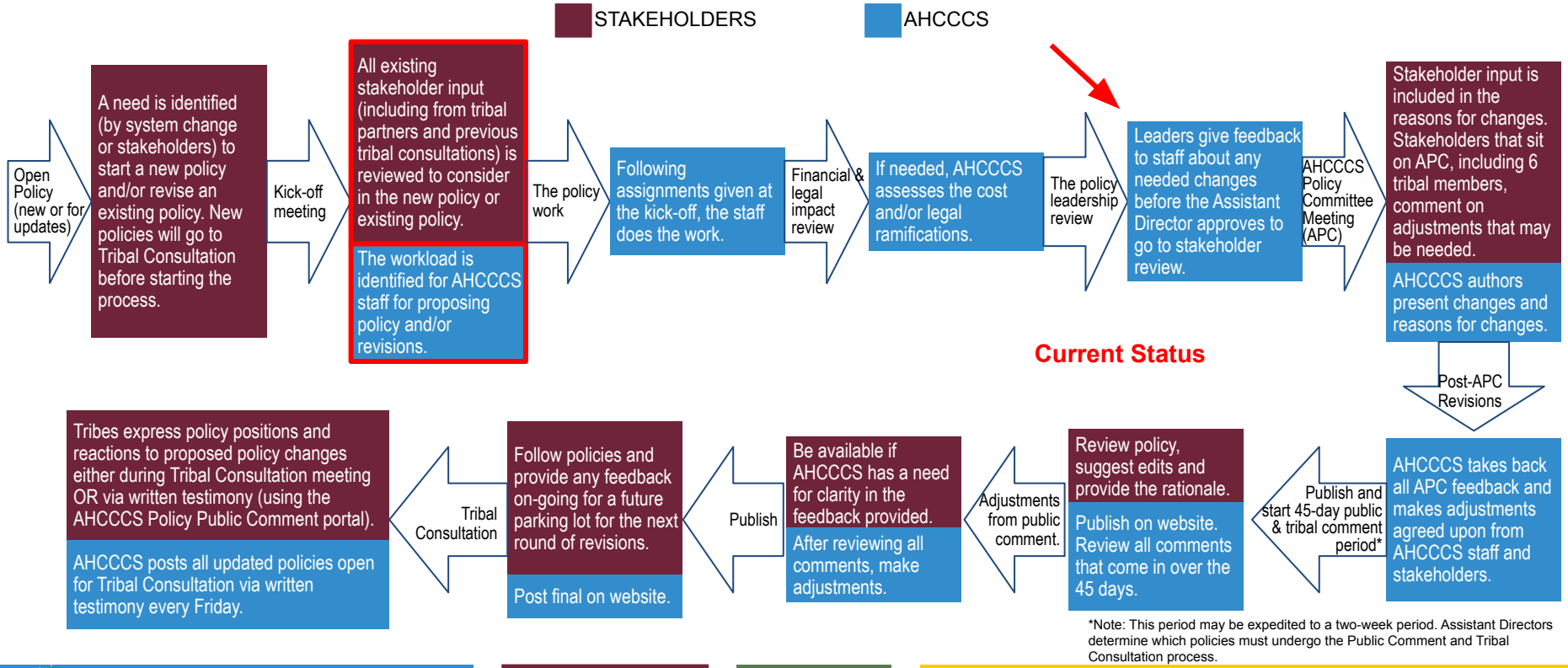
Danielle Ashlock, AHCCCS ALTCS Project Manager

AHCCCS
Arizona Health Care Cost Containment System

AMPM Policy 1620-14 Reference Documents
(For review ahead of TC; utilized to guide policy discussion.)

- *New exhibit - in draft:*
  - Modeled after the ALF Residency Agreement
  - Specific to ALTCS-DD
- Other Publicly Available Information:
  - HCBS State Transition Plan

Workflow for AMPM Policy 1620-14



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Policy 1620-14

- **APC Date:** TBD
- **Tentative Publishing Date:** 45 days after APC
- **Direct impact:**
  - DES/DDD
- **Summary:** Created to ensure compliance with the Federal HCBS Rules and ensure member rights/protections.

AMPM Policy 1620-14 Outline

- **Goal:** Ensure member rights/protections
  - Requires DES/DDD to provide an estimate of the member's payment to the residential setting.
  - Outlined the expectations to comply with the HCBS Rules including:
    - Having an option to choose a roommate, and
    - Have lockable doors, a key or key code to the front door, an option to have meals and snack at any time and visitors at any time.
  - Included expectations that any restrictions to these rights must be documented in the Person Centered Service Plan.

Open Discussion

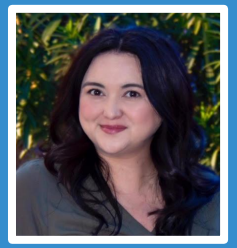
AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time







AMPM Exhibit 300-1: AHCCCS Covered Services with Special Circumstance



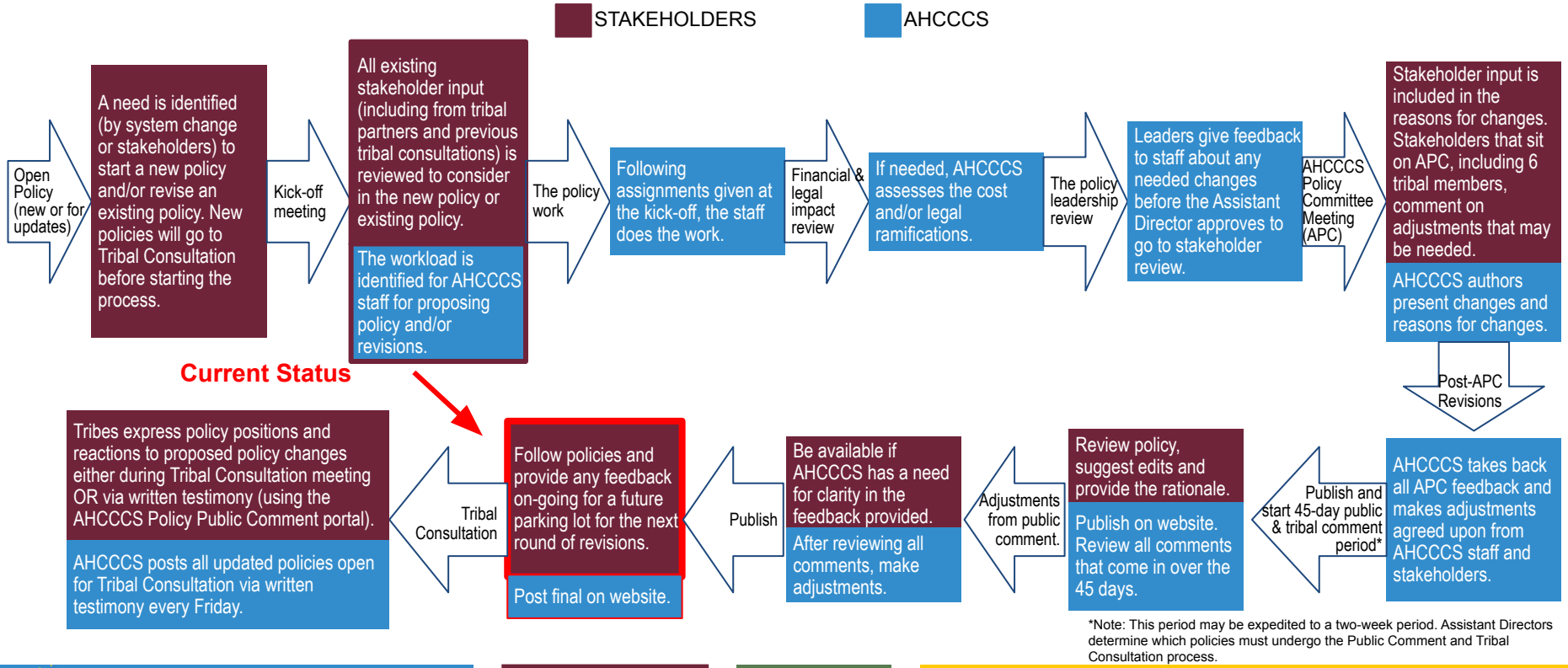
Brandi Howard MHI BSN-RN, Medical Management Manager

AHCCCS
Arizona Health Care Cost Containment System

AMPM Exhibit 300-1 Reference Documents

- Current Policy: Exhibit 300-1
  - Diabetes Self Management Training and Chiropractic Coverage

Workflow for AMPM Exhibit 300-1



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Exhibit 300-1

- **APC Date:** 09/15/2022
- **Tentative Publishing Date:** 10/1/2022
- **Direct impact**:
  - MCOs
  - FFS providers (including IHS-638s)
- **Summary:** AMPM 300-1 was revised to align with HB 2863- Chiropractic Services for Adults and HB 2083- Diabetes Self Management Training.

AMPM Exhibit 300-1 Outline

- **Goal:** Updated policy language to incorporate changes related to legislation passed
- Chiropractic Services:
  - PCP may initially order up to 20 visits annually that include treatment and may request authorization for additional chiropractic services in that same year, if medically necessary.
- Diabetes Self Management Training:
  - Include up to 10 program hours annually of diabetes outpatient training hours for existing or newly diagnosed individuals.

Open Discussion

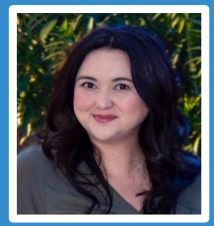
AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time







AMPM Policy 310-KK: Biomarkers Testing



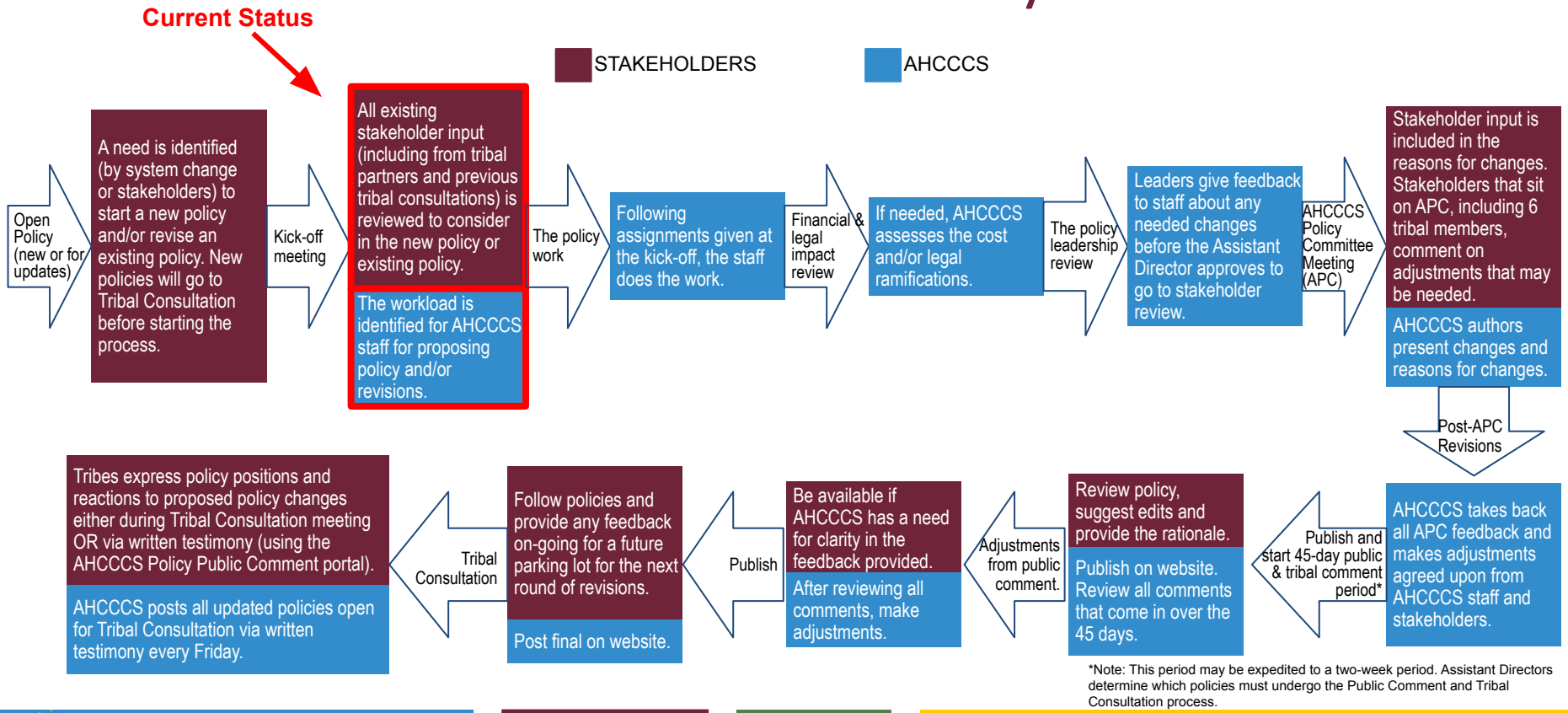
Brandi Howard MHI BSN-RN, Medical Management Manager

AHCCCS
Arizona Health Care Cost Containment System

AMPM Policy 310-KK Reference Documents

- Current Policy: Drafting New policy

Workflow for AMPM Policy 310-KK



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Policy 310-KK

- **APC Date:** TBD
- **Tentative Publishing Date:** 45 days after APC
- **Direct impact:**
  - MCOs
  - FFS providers (including IHS-638s)
- **Summary:** AMPM 310-KK is a new policy outlining the requirements for Biomarker Testing to conform with HB 2144.

AMPM Policy 310-KK Outline

- **Goal:** Policy establishes the coverage requirements of Biomarker Testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a member's disease or condition.
- Policy will define Biomarker, Biomarker Testing, and Clinical Utility
- Establishes:
  - Criteria coverage consistent with HB 2144,
  - Limitations to coverage, and
  - Prior Authorization requirements.

Feedback Timeline

- Feedback on AMPM Policy 310-KK can be submitted via the AHCCCS Public Comment Portal.
  - Deadline: November 25, 2022

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

General Discussion

AHCCCS
Arizona Health Care Cost Containment System

Announcements

AHCCCS
Arizona Health Care Cost Containment System

Next AHCCCS Tribal Consultation:

February 09, 2023 at 1 p.m.

Please check AHCCCS Tribal Consultation web page for meeting information.

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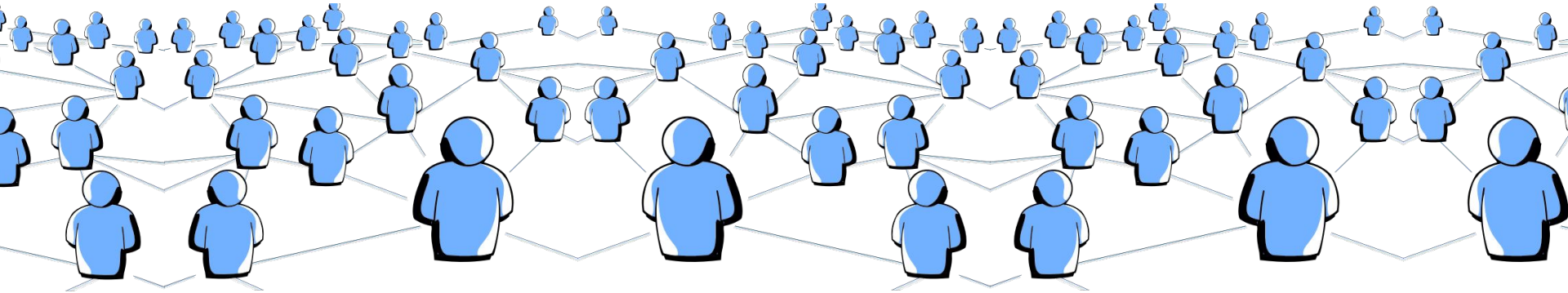
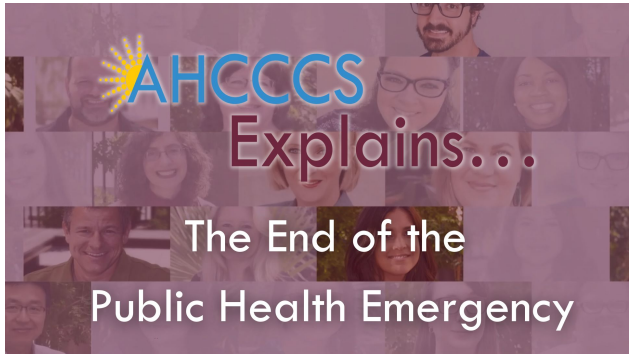


Learn about AHCCCS' Medicaid Program on YouTube!



YouTube

Watch our Playlist:

Meet Arizona's Innovative Medicaid Program

Other Resources - Quick Links

- AHCCCS Waiver
- AHCCCS State Plan
- AHCCCS Grants
- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs
- Future RBHA Competitive Contract Expansion

Thank You.

Have a great day!